



COUNTY OF LOS ANGELES

# Public Health

**JONATHAN E. FIELDING, M.D., M.P.H.**  
Director and Health Officer

**JOHN SCHUNHOFF, Ph.D.**  
Acting Chief Deputy

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**BOARD OF SUPERVISORS**

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November 21, 2006

The Honorable Board of Supervisors  
County of Los Angeles  
383 Kenneth Hahn Hall of Administration  
500 West Temple Street  
Los Angeles, California 90012

Dear Supervisors:

**APPROVAL TO EXTEND THE NURSE-FAMILY PARTNERSHIP GRANT  
AGREEMENT WITH CALIFORNIA HOSPITAL MEDICAL CENTER FOUNDATION  
(All District) (3 Votes)**

**IT IS RECOMMENDED THAT YOUR BOARD:**

1. Approve and instruct the Director of Public Health, or his designee to accept a letter from California Hospital Medical Center Foundation (Exhibit I), extending their Nurse-Family Partnership Agreement with County for a period of seven months, effective December 1, 2006, through June 30, 2007.
2. Delegate authority to Director of Public Health, or his designee, to sign Nurse-Family Partnership Grant Agreement Amendment No. 1, substantially similar to Exhibit II, with Catholic Healthcare West, to extend the term of the Agreement an additional seven months through June 30, 2007.

**PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION:**

Approval of this action will allow the Department of Public Health (DPH) to continue to provide Nurse-Family Partnership home visitation services to high risk, first time pregnant young women and their children and to expand services to a greater number of the target population.

FISCAL IMPACT/FINANCING:

The total anticipated program cost for the seven month extension is \$260,883, of which \$197,989 is 100% offset with California Hospital Medical Center Foundation funds, with remaining funding of \$62,894 provided by County in County in-kind services for administrative and support staff, effective December 1, 2006 through June 30, 2007.

Funding is included in the Fiscal Year 2006-07 Final Budget.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS:

On November 6, 2003 the UniHealth Foundation awarded a grant to the California Hospital Medical Center in the amount of \$933,597 for the Nurse-Family Partnership Program for a period of three years. The Department of Health Services (Department/DHS), in a collaborative effort with California Hospital Medical Center applied for the UniHealth Grant to expand Nurse-Family Partnership home visitation services to high-risk, first time pregnant young women and their children who reside within specific catchment areas of Service Planning Areas (SPA) 4 and 6.

On May 11, 2004, the Board approved a grant agreement for the period November 4, 2004 through November 30, 2006, in the amount of \$933,597 from the California Hospital Medical Center to support the continuation and expansion of the Nurse-Family Partnership Program.

Approval of the extension will allow the DPH to continue to provide Nurse-Family Partnership home visitation services to high-risk, first-time pregnant young women, and their children and to expand services to a greater number of the target population. Due to a delay in the start-up of program, the Department requested a no cost extension. The Grantor agreed to extend the grant for an additional seven months through June 30, 2007.

CONTRACTING PROCESS:

Not applicable.

IMPACT ON CURRENT SERVICES (OR PROJECTS):

Approval of the recommendation ensures the Nurse-Family Partnership home visitation services will continue uninterrupted to high-risk, first-time pregnant young women and their children.

The Honorable Board of Supervisors  
November 21, 2006  
Page 3

When approved, this Department requires four signed copies of the Board's action.

Respectfully submitted,



Jonathan E. Fielding, M.D., M.P.H.  
Director and Health Officer

JEF:rm  
Nurse-Family Partnership Grant.rm.wpd

Attachments

c: Auditor-Controller  
Chief Administrative Officer  
County Counsel  
Executive Officer, Board of Supervisors

SUMMARY OF GRANT AWARD

1. TYPE OF SERVICE:

The Nurse-Family Partnership home visitation services to first-time pregnant young women who are living in poverty within the catchment areas of California Hospital Medical Center, Service Planning Areas (SPA) 4 and 6.

2. AGENCY ADDRESS AND CONTACT PERSON:

Lynn Yonekura, M.D  
California Hospital Medical Center  
1401 South Grand Avenue Suite LVY 311  
Telephone: (213) 630-8500  
Facsimile: (213) 630-6509

3. TERM:

The no cost extension is effective December 1, 2006 through June 30, 2007.

4. FINANCIAL INFORMATION:

The total anticipated program cost for the seven month extension is \$260,883, of which \$197,989 is 100% offset with California Hospital Medical Center Foundation funds, with remaining funding of \$62,894 provided by County in County in-kind services for administrative and support staff, effective December 1, 2006 through June 30, 2007.

Funding is included in the FY 2006-07 Final Budget.

5. GEOGRAPHIC AREA TO BE SERVED:

Service Planning Areas 4 and 6.

6. ACCOUNTABLE FOR PROGRAM MONITORING AND EVALUATION:

Public Health Programs: Jeanne Smart, Director, Nurse-Family Partnership Program

7. APPROVALS:

Public Health: John F. Schunhoff, Ph.D., Acting Chief Deputy

Contracts and Grants Division: Gary Izumi, Acting Division Chief

County Counsel (approval as to form): Allison Morse, Deputy County Counsel

California Hospital  
Medical Center Foundation

1401 S. Grand Avenue  
Los Angeles, California 90015  
(213) 742-5866 Telephone  
(213) 742-5875 Fax



February 16, 2006

Shaheen Kassim-Labka, DrPH  
Senior Program Officer  
UniHealth Foundation  
800 Wilshire Boulevard, Suite 1300  
Los Angeles, California 90017

RE: UniHealth Foundation Grant # 489 – Nurse Family Partnership

Dear Dr. Kassim-Labka:

Thank you for your patience with me as we have worked with the Los Angeles County Department of Health Services to respond the report deadlines for the Nurse Family Partnership Agreement. I apologize for the delays and for the difficulties we have encountered in the administration of this project.

I have attached the original interim Financial Status Report (which I faxed to your office yesterday evening) and I have included all of the supporting documentation we have received from Los Angeles County Department of Health Services (including an unedited narrative report provided by the County yesterday). This revised financial report is for the period July 1, 2004 – November 30, 2005.

After reviewing the file, our correspondence, and our discussion yesterday, I want to confirm the grant periods and report deadlines. Below are two tables: Table 1 indicates the grant periods and report deadlines according to the original agreement; and Table 2 indicates my understanding of the extension that was approved in your letter of Sept. 19, 2005 to Lynn Yonekura, M.D.

Table 1 Original Requirements

Year	Project Period	Report Due Dates	Comments
Year 1	12/1/03 – 11/30/04	11/30/04	
Year 2	12/1/04 – 11/30/05	11/30/05	
Year 3	12/1/05 – 11/30/06	1/5/07	

933.

Table 2 Revised Requirements & Extension

Year	Project Period	Report Due Dates	Comments
Year 1	7/1/04 – 6/30/05	12/16/05	Revised per 9/19/05 letter
Year 2	7/1/05 – 6/30/06	11/30/06	Revised per 9/19/05 letter
Year 3	7/1/06 – 6/30/07	12/28/07	Revised per 9/19/05 letter

Please let me know if I have misunderstood these project periods or report due dates.

**Letter To UniHealth Foundation  
California Hospital Medical Center**

Again, I want to apologize for the delayed reports and problems we have had administering this program. Our intent was to be a good partner for the UniHealth Foundation and the Nurse Family Partnership to support a promising program that was being discontinued by the County. I was naïve in my assessment of how difficult that would be.

If you have questions or need additional information please give me a call at (213) 742-5893.

Sincerely,

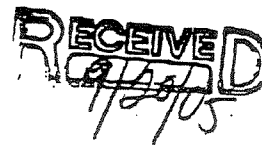


Richard Hume  
Director of Grants and Contracts

Attachments: Financial Status Report  
LA Co DHS Invoices  
UniHealth Grant Report – Feb. 10, 2006

(without attachments)

Cc: Mary Odell, President, UniHealth Foundation  
Cynthia Harding, MPH, Director, Maternal, Child & Adolescent Health Services  
Jeanne Smart, RN, MSN, Director, Family Intervention & Support Services  
Belinda Sngun, Acting Grants Manager, Fiscal Services, Public Health Finance  
Elma Reber, Fiscal Services, Public Health Finance  
Cliff Hoffman, President, CHMC Foundation  
M. Lynn Yonekura, M.D., CHMC Director of Development for Family Support Services  
Rachel Zupa, CHMC Grants & Contracts Administrator



September 19, 2005

M. Lynn Yonekura, M.D.  
Director of Development for Family Support Services  
California Hospital Medical Center  
1401 S. Grand Ave.  
Los Angeles, CA 90015

Reference: 489

Dear Dr. Yonekura:

We are in receipt of your Revised Outcomes & Financial Report for Grant# 489: *Nurse - Family Partnership*. In consideration of the unexpended funds remaining from year one of this grant, your next payment of \$311,199 will be contingent upon a Revised Financial Report due on 12/16/05. In light of this extension, we have also revised the schedule of future requirements/payments due (please see attached).

If you should have any questions regarding this grant, please feel free to call me at (213) 630-6500.

Sincerely,

Shaheen Kassim-Lakha, DrPH  
Senior Program Officer

cc: Richard Hume, Director of Grants & Contracts  
Jeanne Smart, LADHS Family Intervention & Support Programs



UniHealth

Foundation

800 Wilshire Blvd.,

Suite 1300

Los Angeles, CA 90017

Tel: (213) 630-6500

Fax: (213) 630-6509

**CHMC Grant# 489: NGL - Family Partnership  
Schedule of Requirements**

<b>Payment Schedule</b>	<b>Requirement Due Dates per Grant Agreement</b>	<b>Actual Requirements Received</b>	<b>Add'l Requirements Added</b>
<b>Payment #1</b>	Contingent upon grant agreement	Grant Agreement received 12/9/03	
<b>Payment #2</b>	Contingent upon 1-Year Progress Report due 11/30/04	1-Year Progress Report received 11/29/04 <ul style="list-style-type: none"> <li>Funds not spent out. Payment contingent upon updated progress report with budget due 2/28/05</li> </ul>	2/28/05 progress report received on 6/7/05 <ul style="list-style-type: none"> <li>Funds not spent out. Payment contingent on revised outcomes and financial report due 8/31/05.</li> </ul>
			8/31/05 revised outcomes & financial report received on 9/8/05 <ul style="list-style-type: none"> <li>Funds not spent out. Payment contingent upon revised financial report due 12/16/05.</li> </ul>
<b>Payment #3</b>	Contingent upon 2-Year Progress Report due 11/30/05	Per requested extension, Progress Report due 11/30/06	
	Final Report due 1/5/07	Per requested extension, Final Report due 12/28/07	

9/16/05

NURSE - FAMILY PARTNERSHIP GRANT AGREEMENT

by and between

COUNTY OF LOS ANGELES  
("COUNTY")

and

CATHOLIC HEALTHCARE WEST,  
a California nonprofit public benefit corporation  
doing business as  
California Hospital Medical Center

("HOSPITAL")

Effective Date: Date of Board Approval

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## EXHIBITS

Exhibit 1.1 Nurse-Family Partnership Services

Exhibit 5.1 Schedule of Fees

## NURSE - FAMILY PARTNERSHIP AGREEMENT

THIS NURSE - FAMILY PARTNERSHIP AGREEMENT ("Agreement") is made and entered into in duplicate original this \_\_\_\_\_ day of \_\_\_\_\_, 2004 (which date shall be for reference purposes only), by and between CATHOLIC HEALTHCARE WEST, a California nonprofit benefit corporation doing business as California Hospital Medical Center ("HOSPITAL"), and COUNTY OF LOS ANGELES ("COUNTY").

THIS AGREEMENT is made with reference to the following facts:

A. HOSPITAL is currently operating an acute care hospital located in Los Angeles, California.

B. COUNTY through its Department of Health Services is responsible for protecting the health, preventing disease and promoting the well-being of over 9.5 million Los Angeles County residents, 17.9 percent of whom live at or below 100 percent of the federal poverty level.

C. COUNTY currently operates the Nurse Family Partnership (NFP) program, which targets low-income socially disadvantaged, first-time mothers and their children to improve pregnancy outcomes, qualities of parental care giving, and associated child health and maternal life course development.

D. COUNTY currently provides NFP nurse home visitation services, to first-time pregnant young women who are living in poverty and are seen in HOSPITAL's prenatal clinics and/or who live in HOSPITAL's community catchment area as defined by Service Planning Areas 4 and 6, through the existing "Esperanza Project," using one Public Health Nurse (PHN) to provide services to 25 high-risk pregnant young women who are living in poverty in accordance with the protocols and standards of the NFP national program.

E. HOSPITAL desires to expand the NFP program within its community catchment area in order to continue the promotion of community health and wellness.

F. COUNTY desires to expand the NFP program within County Service Planning Areas 4 and 6.

G. COUNTY and HOSPITAL collaborated to expand and sustain NFP services on a non-exclusive, as needed basis through a UniHealth Foundation grant, and UniHealth Foundation awarded HOSPITAL a restricted grant in the amount of \$933,597, over three years to provide support for the NFP program.

available to HOSPITAL upon request. The standards to be met by all PHNs are as follows: PHNs employed by COUNTY and assigned to the NFP program at HOSPITAL shall be certified PHNs through the Board of Registered Nursing and certified as being trained in the NFP model of home visitation. All PHNs shall adhere to the standards of the Joint Commission on Accreditation of Healthcare Organizations. All PHNs shall be trained to administer CPR and shall be certified in the N-CAST method of mother/child assessment and shall have completed the Partners in Parenting Education (PIPE) required to fully apply the model program.

If requested by HOSPITAL, all PHNs located at HOSPITAL shall be in possession of a current HOSPITAL fire safety certificate as issued by HOSPITAL after completion of the required HOSPITAL-provided training. Certification shall be in compliance with specific city or county requirements as may be required by the governmental authorities in the jurisdiction in which HOSPITAL is located.

#### 2.1.1 Pre-employment Interview and Physical Examination.

A. All PHNs must successfully complete a personal interview to be conducted by the COUNTY NFP Program prior to being located at HOSPITAL to ensure competency of said PHNs in accordance with Joint Commission on Accreditation of Healthcare Organizations ("JCAHO") standards. Proof of completion of such pre-employment interview by all personnel located at HOSPITAL shall be on file at COUNTY and available for inspection by HOSPITAL upon request.

B. All PHNs must successfully complete a pre-employment physical examination, including: (i) either chest x ray or Mantoux skin testing for the detection of tuberculosis, and (ii) proof of Rubella Titer screening, followed by annual health examinations thereafter. Proof of Hepatitis Vaccine or declination must be provided for all PHNs upon request by HOSPITAL. Negative TB Mantoux Skin Test shall be updated annually. In the event chest x-ray is required, proof of negative chest x-ray must be on file at HOSPITAL. All PHNs located at HOSPITAL must complete a TB Symptom Free form not less than annually.

2.1.2 Orientation. PHNs shall attend an orientation session to be conducted at HOSPITAL. Said orientation session shall include a review of HOSPITAL policies, procedures, medication policies, documentation policies, supply and equipment policies, locations, and unit scope of practice. Attendance at the orientation session shall be waived either for PHNs who can show proof of having previously been located at HOSPITAL within one (1) year prior to such first assignment by COUNTY or who have completed an approved offsite orientation with documentation provided to HOSPITAL prior to such first assignment, which waiver shall be in the sole and absolute discretion of HOSPITAL supervisor on duty. HOSPITAL, at its sole cost and expense, shall provide all of the orientation materials to be provided to said PHNs.

connection with respect to COUNTY's payment or nonpayment of wages or benefits to, or the withholding or failure to withhold payroll taxes from, or in any other way with the performance by COUNTY of its obligations hereunder.

5. Term.

Notwithstanding its date(s) of execution by the parties, the term of this Agreement shall commence effective upon date of approval by the Board of Supervisors (the "Effective Date"), and shall continue thereafter until midnight November 30, 2006, unless earlier terminated as hereinafter provided.

6. Termination.

6.1 Termination "Without Cause".

Notwithstanding Section 8 hereinabove, either party hereto shall have the right to terminate this Agreement without cause at any time by giving written notice of termination to the other party. Termination shall be effective automatically upon the expiration of thirty (30) calendar days after the giving of such notice of termination.

6.2 Termination for Breach or Default.

Either party hereto shall have the right to terminate this Agreement in the event of a breach or default hereunder by the other party, and such breach or default shall continue for fifteen (15) calendar days after the giving of written notice from the other party specifying the nature and extent of failure to materially perform such obligation, this Agreement shall terminate automatically and immediately upon the expiration of said fifteen (15) calendar day period. Breach or default includes withdrawal of funds by the UniHealth Foundation or failure of either party to comply with UniHealth Foundation Grant Agreement #489.

7. Effect of Expiration or Termination.

7.1 Closing Billing Statements.

Upon termination or expiration of this Agreement, COUNTY shall render statements to HOSPITAL for all unpaid compensation due for services provided prior to the effective date of termination or expiration.

7.2 Survival of Provisions.

The attorneys' fees, indemnification, insurance, and access to books and records provisions of this Agreement shall survive said termination or expiration and remain in full force and effect.

7.3 No Further Liability.

At COUNTY's request the HOSPITAL shall provide evidence of insurance coverage acceptable to COUNTY. COUNTY's approval shall not be unreasonably withheld.

9. Indemnification.

9.1 Indemnification by HOSPITAL.

HOSPITAL shall protect, defend, indemnify and hold harmless COUNTY, its elected officials, officers, employees, agents and attorneys, and each of them from and against any and all liability, causes of action, expenses, proceedings, obligations, damages, losses, costs, claims and demands whatsoever of any kind or nature, including, without limitation, attorneys' fees arising directly or indirectly, from the negligent or intentional acts or omissions of HOSPITAL or its employees or agents under this Agreement.

9.2 Indemnification by COUNTY.

COUNTY shall protect, defend, indemnify and hold harmless HOSPITAL its affiliates and subsidiaries and their respective members, shareholders, directors, officers, employees, agents and attorneys, and each of them from and against any and all liability, causes of action, expenses, proceedings, obligations, damages, losses, costs, claims and demands whatsoever of any kind or nature, including, without limitation, attorneys' fees arising directly or indirectly, from the negligent or intentional acts or omissions of COUNTY or its employees or agents under this Agreement

10. Compliance with Laws and Regulations; Licenses and Permits.

COUNTY warrants that it is currently and shall remain throughout the term hereof in compliance with all State and Federal laws, ordinance and governmental regulations, which are now in force or may hereafter be in force applicable to employment of the PHNs who are located at HOSPITAL. COUNTY warrants further that while providing services under this Agreement, all PHNs shall comply with all provisions of all licensing laws under which such PHNs are licensed, with regulations promulgated thereunder, and with all policies and procedures adopted by HOSPITAL to protect the health and welfare of patients.

11. General Provisions.

11.1 Notices.

Any notices required or authorized under this Agreement shall be in writing and shall be deemed delivered if dispatched by U.S. mail, registered or certified, return receipt requested, postage prepaid or personal delivery addressed to the parties as set forth opposite their respective names below:

#### 11.5 Counterparts.

This Agreement may be executed in any number of counterparts, each of which shall be deemed an original, but all such counterparts together shall constitute but one and the same instrument.

#### 11.6 Waiver of Provisions.

Any waiver of any terms and conditions hereof must be in writing and signed by the parties hereto. A waiver of any of the terms and conditions hereof shall not be construed as a waiver of any other terms and conditions hereof.

#### 11.7 Force Majeure.

Neither party shall be liable nor deemed to be in default for any delay or failure in performance under the Agreement or other interruption of service or employment deemed resulting, directly or indirectly, from acts of God, civil or military authority, acts of public enemy, war, accidents, fires, explosions, earthquakes, floods, failure or transportation, machinery, or supplies, vandalism, strikes, or other work interruptions by employees or any similar or dissimilar cause beyond the reasonable control of either party. However, both parties shall make good faith efforts to perform under this Agreement in the event of any such circumstance.

#### 11.8 Gender and Number.

Whenever the context hereof requires, the gender of all words shall include the masculine, feminine and neuter, and the number of all words shall include the singular and plural.

#### 11.9 Attorneys' Fees.

In the event of any suit under this Agreement, the prevailing party shall be entitled to reasonable attorneys' fees and costs, including allocated costs of in-house counsel, to be included in any judgment recovered. In addition, the prevailing party shall be entitled to recover reasonable attorneys' fees and costs, including allocated costs of in-house counsel, incurred in enforcing any judgment arising from a suit under this Agreement. This post-judgment attorneys' fees and costs provision shall be severable from the other provisions of this Agreement and shall survive any judgment on such suit and is not to be deemed merged into the judgment.

#### 11.10 Access to Books and Records.

11.10.1 If HOSPITAL seeks reimbursement from the federal government for all or part of the services provided by COUNTY under this Agreement, upon proper demand COUNTY shall permit the Comptroller General of the United States, the Secretary or the Department of Health and Human Services and their duly authorized

the provisions of this section shall be void. Subject to the restrictions contained herein above, the covenants, conditions and promises herein contained shall inure to the benefit of and bind the legal representatives, successors, heirs, executors, administrators, purchasers, and assigns of the parties hereto.

11.14 Tax-Exempt Financing.

COUNTY agrees to amend this Agreement as may be necessary in order for HOSPITAL to maintain its tax-exempt financing or to obtain new tax-exempt financing. Immediately upon request by HOSPITAL, COUNTY shall execute any and all such amendments presented by HOSPITAL and shall return said fully executed original amendments to HOSPITAL forthwith.

11.15 Non-Discrimination.

Each of the parties hereto represents and warrants that it shall not discriminate on the basis of a patient's race, ethnicity, religion, national origin, citizenship, age, sex, preexisting medical condition, physical or mental handicap, disability, marital status, insurance status, economic status or ability to pay for medical services except to the extent that such a circumstance such as age, sex, preexisting condition or physical or mental handicap, or disability is medically significant to the provision of appropriate care to the patient.

11.16 Exhibits.

All exhibits attached hereto and referred to herein are hereby incorporated herein as though fully set forth at length.

12. Obligations as a Covered Entity Under Health Insurance Portability and Accountability Act of 1996.

The parties acknowledge the existence of the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations ('HIPAA'). HOSPITAL understands and agrees that it is a 'Covered Entity' under HIPAA and, as such, has obligations with respect to the confidentiality, privacy and security of patients' medical information, and must take certain steps to preserve the confidentiality of this information, both internally and externally, including the training of its staff and the establishment of proper procedures for the release of such information, and the use of appropriate consents and authorizations specified under HIPAA.

The parties acknowledge their separate and independent obligations with respect to HIPAA, and that such obligations relate to Transactions and Code Sets, Privacy, and Security. HOSPITAL understands and agrees that it is separately and independently responsible for compliance with HIPAA in all these areas and that COUNTY has not undertaken any responsibility for compliance on HOSPITAL's behalf. HOSPITAL has not relied, and will not in any way rely, on COUNTY for legal advice or

EXHIBIT 1.1

PUBLIC HEALTH NURSE HOME VISITATION SERVICES

- Proposal Submitted and Approve d by UniHealth Foundation
- UniHealth Foundation Grant Agreement #489

## PROPOSAL SUMMARY

The Nurse-Family Partnership (NFP) Project was piloted in 1997 as the "Esperanza" program at California Hospital and Medical Center (CHMC) in Los Angeles where it has been in operation ever since. CHMC is requesting \$311,199 a year for three years to maintain full services at this site to serve 100 program-eligible prenatal clients living within Service Planning Areas (SPAs) 4 & 6. The NFP uses the Prenatal and Early Childhood Nurse Home Visitation model developed by Dr. David Olds in Elmira, New York, that has been shown to enable at-risk mothers and their children to get and stay on the path to a meaningful and productive life. The Project targets low-income, socially disadvantaged, first-time mothers and their children to improve pregnancy outcomes, qualities of parental care giving and associated child health and maternal life course development. Public Health Nurses (PHNs) employed through the County of Los Angeles, Department of Health Services (DHS), provide intensive home visiting support that begins during the mother's pregnancy, beginning before her 28<sup>th</sup> week of pregnancy, and extending through the first two years of the child's life.

## HOSPITAL INFORMATION

### Hospital History

CHMC is a 501(c)(3) non-profit community hospital located just south of downtown Los Angeles at the corner of Grand Avenue and Venice Boulevard. Formerly associated with UniHealth America and now a member of Catholic Healthcare West, CHMC has dedicated the past 116 years to building a healthier community for the population of south and central Los Angeles. Once containing Los Angeles' affluent neighborhoods, the central and south central city have evolved to become identified with high rates of poverty, violence, and racial tension. The hospital's role is now more important than at any time in its history.

As a primary care hospital and a "disproportionate share" provider of services to Medi-Cal recipients and the medically indigent, CHMC is continually working to find new ways to deliver quality, cost-effective, culturally sensitive care to populations with limited resources. The focus is on improving access to health care for low-income people, improving the quality of health care for people in central Los Angeles, and promoting community wellness. In addition to providing a full range of hospital-based acute care services, CHMC operates a network of eight community clinics and other outreach programs that bring preventive care and other critical health-related services to individuals where they live, work, play, and worship. These services range from public health coverage enrollment assistance to domestic violence prevention education.

### CHMC Current Programs, Activities & Accomplishments

In addition to medical care, CMCH offers a variety of services aimed at helping families help themselves.

Baby and Me Clinic – A teen clinic program to increase access to maternity care, improve pregnancy outcomes of teens, reduce the rate of repeat pregnancies and improve parenting skills. The Clinic cares for more than 200 teen mothers each year. In 1997 this program received an "Innovations in Maternal and Child Health" award from the State Maternal and Child Health Department. It is through this clinic that the majority of clients will be referred to the NFP for home visitation services.

### Geographic Area Served

CHMC's total service area encompasses a primary service area of 11 ZIP codes (i.e., 90003, 90006, 90007, 90011, 90015, 90016, 90018, 90019, 90037, 90044 and 90062) and a secondary service area of 12 ZIP codes (i.e., 90001, 90002, 90004, 90005, 90008, 90017, 90020, 90026, 90043, 90047, 90057 and 90255). CHMC is located within the Los Angeles County, Service Planning Area (SPA) 4. Although it is one of the smallest SPAs within the County, it is the most densely populated one with over 1.1 million residents.

The community served by CHMC has some of the highest population densities, lowest incomes, highest proportions of immigrants, lowest educational levels, and highest unemployment and underemployment rates in the city. These factors work together to form a formidable barrier to healthcare access for women and their families. Lack of health insurance coverage, language and cultural barriers, limited transportation resources, and limited awareness about available health resources are additional barriers to health care access. For many in the community, paying for food, rent or childcare takes priority over paying for preventive health care and regular check-ups.

### Los Angeles County Department of Health Services-Overview

The DHS is the health care provider for the county's low-income and medically indigent residents, serving approximately 800,000 patients each year. With a budget of approximately \$3.3 billion,<sup>1</sup> their mission is to protect, maintain, and improve the health of communities. It operates five hospitals, one multi-service ambulatory care center, six comprehensive health centers, 17 health centers, and one residential rehabilitation center. DHS also contracts with private sector health providers to operate approximately 100 clinics, and provides public health services to county residents including AIDS prevention and treatment programs, restaurant inspections, communicable diseases control, and alcohol and drug treatment programs.

Health Services relies on multiple funding sources to support their service delivery. The funding sources include the 1115 Medicaid Demonstration project, California's Medicaid (Medi-Cal) Program, the federal Medicare program, and a portion of the revenue from sales taxes, vehicle license fees, and tobacco taxes. Because of federal and state requirements that mandate specific services that must be delivered to the County residents, DHS lacks the flexibility to redirect much of this income to new programs. And, as a result of ongoing budget difficulties within the state and federal governments, the current income received for these mandated services have been insufficient to meet the growing costs to hospitalize, treat and/or care for the poor and indigent of our communities. DHS has been negatively affected by the ever-growing number of uninsured individuals seeking care, and compounding the problem is reduced reimbursements for services rendered to these individuals from the federal government. DHS plans to reduce costs by closing hospitals and reducing hospital beds has been blocked by preliminary court injunctions, and the estimated "worst-case-scenario" result is that there will be an approximate \$840 million deficit in the fiscal year 2007-08. For that reason, it is imperative that outside secure funding is found to support the innovative and proven successful programs, such as the NFP, that are not mandated to be delivered by federal or state law. These programs are the ones most likely to be eliminated as DHS services are curtailed and staff dismissed in efforts to reduce costs.

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<sup>1</sup> For the County fiscal year ending June 30, 2003, as detailed in the California State Auditor, Bureau of State Audits, L.A. County DHS Report, September 2003, #2002-019.

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the First-5 L.A. Commission, and further expanded the program by 6 PHNs and one PHN Supervisor into other areas of high-risk within Los Angeles.

Due to the 2002 budget deficit within California, the promised 5-year support from DPSS was markedly curtailed, and funding was abruptly reduced by \$3.4 million dollars. This cut resulted in the NFP program losing 14 PHN staff, 1 PHN Supervisor, and two evaluation staff positions, and Phase II of the full County roll-out plan was halted, and no additional staff were hired as initially planned. Positions that were vacated were not refilled, and all vacant positions (i.e., 35) were removed from the budget plans. Clerical support was virtually eliminated, and the two remaining clerical support staff for the program have been redirected to provide services for all sites. Remaining staff includes:

Field Staff and Supervisory Personnel

- PHNs (18 FTE: 2 FTE through MOU with the City of Long Beach)
- 5 PHN Supervisors (4.5 FTE)
- Nurse Manager (1 FTE)

Administrative Personnel

- Program Specialist (1/2 FTE)
- Program Administrator (1 FTE)
- Senior Secretary III (1 FTE)

Research, Evaluation & Quality Assurance

- Research Analyst III (1 FTE)
- Data Systems Analyst (1 FTE)
- Clerical (2 FTE for 6 field offices)

DHS has continued to support the program with net county costs and has maintained its' administrative staff to carry on the search for sustainable funding options. Dr. David Olds, the proprietor of the model program and DHS staff are working closely with the Justice Department and the State Maternal, Child Health DHS staff to explore other funding options, but the impact of the fiscal crisis within California has significantly impacted the availability of funds. DHS is seeking to maintain this valuable and proven program through small grants and endowments until such time as this program can be written into other programs mandated by State and Federal legislation, and more thoroughly supported with revised and increased funding match allowances.

NFP Current Programs, Activities & Accomplishments

NFP staff continue to serve the clients at a ratio of 25 pregnant young women for each PHN. It should be noted that when the woman delivers, the PHN then serves both the mother and the child, and the ratio then becomes 50 clients for each PHN. In addition, this ratio does not take in to account the other family/household members (averages approximately 5 per household) that also receive as-needed case management services from the PHN, such as the father of the baby and other relatives involved. The NFP program understands the need to maintain involvement and improve connections among all family members as a means to promote healthy infant/child growth and development, and the PHNs are directed to help the young mothers re-establish contacts with family. It has taken a considerable amount of the PHN's time to locate, assess and develop referral priority in community-based centers within their assigned geographic areas to provide supportive services such as parenting education, drug/alcohol treatment and/or emergency shelter for battered women. Over the last six years, the NFP program has tightened its' connections with community resources, and the PHNs have

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average 38 visits with participants from program enrollment through the child's second birthday. By program completion, 89% of participants were engaged in the workforce and the rates of subsequent pregnancies was much lower than that observed in the Denver Clinical Trial (17% vs. 29%). Approximately two years after initiation of the NFP in the target Weed and Seed neighborhood, the Los Angeles County Health Department obtained funding to sustain and expand the program model countywide. Since the county began expansion of the program in August 1999,<sup>5</sup> an additional 900 new women have been enrolled."<sup>6</sup>

Overall, the NFP is an innovative and community-directed program that has integrated its' services with those that are available within the community. It has a remarkable "track record" in that many of the NFP Los Angeles outcomes are better than those expressed as "benchmarks" by the University of Colorado in Denver. Based upon NFP's successful achievement of the short-term outcomes, it is predicted that the expected long term outcomes, such as reduced criminal behavior on the part of the first-born child when he/she reaches the age of 15 years old, will be met as well. That is a remarkable achievement!

### NFP Geographic Area

NFP is currently providing services throughout the County in all zip codes, and within the City of Long Beach through a MOU using PHNs employed by the Long Beach City Health Services Department who are jointly supervised by L.A. DHS staff. The UniHealth Foundation Grant will fund NFP services within the CHMC catchment areas within SPAs 4 & 6.

## FUNDING REQUEST

### Specific Program to be Funded

CHMC is asking UniHealth to fund the NFP to provide services to first-time pregnant young women who are living within poverty and are seen within the hospital's prenatal clinics and/or live within CHMC's community catchment areas. This funding request is to cover the full costs of four PHNs to provide direct home based services to these high-risk mothers, and for partial costs to support their needed supervisory, clerical and research staff. All other administrative and evaluation services needed for the NFP at CHMC will be provided in-kind by DHS.

The program focus is on families who are determined to be "at risk" and have a greater need for preventive services, and it promotes positive health-related behaviors and an improved quality of infant care giving. PHN home visitors begin their intervention directly with the pregnant young women prior to her 28<sup>th</sup> week of pregnancy, and follow tested program protocols that focus on five domains of functioning: personal health, environmental health, maternal role development, maternal life-course development, and family and friends support. The PHN home visitor assesses and provides intervention (e.g., referrals, education or counseling) for any problems identified during the full course of service duration, and this applies to the father of the baby if his involvement is safe, and with all associated family members.

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<sup>5</sup> This initial expansion was supported solely by DHS through the Maternal, Child and Adolescent Health grant and net county costs.

<sup>6</sup> O'Brien, R., et.al. (2003), Weed and Seed/Safe Futures: Nurse Home Visitation Initiative, Final Evaluation Report; National Center for Children, Families, and Communities, University of Colorado, Denver, Pages 32-33.

the Federal Poverty Level (FPL), and 26.2% have a family income less than 100% of the FPL.<sup>8</sup> Seventy-seven percent of SPA 4 residents live in rented units that are often overcrowded and deteriorating, and one-quarter of the population does not have a vehicle available to them.<sup>9</sup> Educational attainment is relatively low, with a high school graduation rate of 50%, as compared to the countywide average of 67%.<sup>10</sup>

SPA 4 has the second highest percentage of uninsured residents in Los Angeles County, with 26.9% of children and 43.5% of adults lacking health coverage. Related to that is the fact that SPA 4 residents had the second highest percentages of residents reporting that they do not have a regular source of medical care (e.g., 24.2% for adults and 10% for children).<sup>11</sup>

The data for the teens and women enrolled in the NFP program and living within CHMC's primary and secondary service areas within SPA 4 have demonstrated better outcomes when compared to Countywide data or other comparison groups. The following are the demographic characteristics of the 44 clients enrolled in the NFP Program and living in SPA 4 at program entry:

Mean age:	19.6 years	
Mean educational level:	10.75 years	
Percent unmarried:	79.5%	
Race/ethnicity:		
Latino/Hispanic:	90.9%	(40/44)
Black/African American	2.3%	(1/44)
Non-Hispanic/White	2.3%	(1/44)
Multiracial/Other	0%	(0/44)
Asian	2.3%	(1/44)
Native American	2.3%	(1/44)
Percent unemployed:	84%	
Mean Household income:	\$13,500	

Analysis of available NFP outcomes data collected on all the clients previously served within the CHMC service catchment area show that significant positive outcomes have been achieved by this program. For example:<sup>12</sup>

- NFP clients living in SPA 4 have a greater percentage of **full-term births** (95%) as compared to 89.3% for all births in Los Angeles County in 2000.<sup>13</sup>
- NFP clients living in SPA 4 have a greater percentage of **normal birth weight births** (95%) as compared to 93.6% for all births in Los Angeles County in 2000.<sup>14</sup>

<sup>8</sup> Ibid

<sup>9</sup> Population Profile – 2000: Service Planning Area 4. Children's Planning Council website. Available online at [http://www.childpc.org/spas/spa4/demog\\_4.pdf](http://www.childpc.org/spas/spa4/demog_4.pdf)

<sup>10</sup> Los Angeles County Department of Health Services, Health Assessment Unit (2002). Key Indicators of Public Health By Service Planning Area 1999/2000. Available online: [http://lapublichealth.org/wwwfiles/ph/hae/ha/Website\[2\].pdf](http://lapublichealth.org/wwwfiles/ph/hae/ha/Website[2].pdf).

<sup>11</sup> Ibid

<sup>12</sup> NFP Program data is through March 20, 2003.

<sup>13</sup> Department of Health Services, Center for Health Statistics.

<sup>14</sup> Ibid

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that can result in the early recognition and resolution of problems that could negatively impact both the mother and her unborn infant.

The NFP addresses all issues found to be of concern to this target population of first-time young mothers, and the program focuses on the following intervention strategies that have been empirically evaluated and proven to be effective:

- Focus is on young, first time mothers and their families who are living in poverty and at greater need for the special services delivered;
- Use of nurses who have extensive health knowledge and begin home visiting during pregnancy (to establish client-nurse rapport) and follow the family at least through the second year of the child's life;
- The promotion of positive health-related behaviors and qualities of infant care giving through education, demonstration and family involvement; and
- Provisions to reduce family stress by improving the social and physical environments in which families live.<sup>20</sup>

## **KEY ACTIVITIES AND MEASURABLE OBJECTIVES**

### **Mission**

The Mission Statement of the NFP was written in March 1999, and is as follows:

Public Health Nurse (PHN) professionals will provide culturally competent, family intervention and support to first-time pregnant young women to optimize health, growth and development, quality of family life and access to care for them, their high-risk children and their families. This will be accomplished by empowering new mothers to acquire the knowledge, skills, and confidence needed to care for their children and become healthy, independent and productive adults.

### **Key Activities**

Home visits are initiated by PHNs before the mother's 28<sup>th</sup> week of pregnancy in order to bond and establish trust with the mother, and are continued through the second year of the child's life. Each PHN carries a maximum caseload of 25 families, and the visitation schedule is mandated in Program protocols to be as follows:

- ♦ Weekly visits during the first month following enrollment (4 visits)
- ♦ Biweekly visits for the remainder of the pregnancy (5+ visits)
- ♦ Weekly visits during the first six weeks after delivery (6 visits)
- ♦ Biweekly visits thereafter through the 21<sup>st</sup> month of childhood (40 visits)
- ♦ Monthly visits until the child reaches age two (3 visits)

Using standardized protocols for each visit, the nurse thoroughly evaluates all five domains of functioning as mentioned earlier (i.e., personal health, environmental health, maternal role development, maternal life-course development, and family and friends support), and the amount of attention given to each is based upon the needs of the mother/child/family at that

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<sup>20</sup> Olds, D.L. (1992). Home visitation for pregnant women and parents of young children. American Journal of Diseases in Children, 146:704-708.

- ◆ 30-month reduction in AFDC (i.e., TANF/CalWORKs) utilization among low-income, unmarried women by first child's 15<sup>th</sup> birthday (from the 15-year follow-up using a control group, in Elmira, New York.)

#### **SOCIAL & EMOTIONAL WELL-BEING**

- ◆ 43% reduction in subsequent pregnancy among low-income, unmarried women by first child's fourth birthday;
- ◆ 56% fewer arrests among the 15-year-old children (mother's first born child);
- ◆ 44% fewer behavioral problems among the mothers due to substance abuse; and a
- ◆ Delayed birth of the second child an average of 12 months longer than participants not receiving NFP Home Visitation services.

Because there is no guarantee that any replicated program will be as effective as the pilot, short-term outcomes are measured at each NFP replication site and compared to a benchmark established at the University of Colorado, Health Sciences Center. To date, the NFP in Los Angeles has met or exceeded expectations on the short-term outcomes that project it is very likely to meet the long-term positive outcomes as well. In fact, the model proprietor, Dr. David Olds, considers the performance standards of the NFP-L.A. to be "exemplary" thus far, and in consideration of the program as a whole, NFP has achieved the following outcomes that are substantially better than the rates achieved by clients enrolled in the most recent scientifically-controlled studies in Denver, Colorado (i.e., "Denver Trials"):

**Pre-term births:** 7% of all NFP clients (enrolled through all funding sources) in Los Angeles County (LAC) had a pre-term birth, as compared to 11% of clients in the Denver Trials. The LAC NFP Program has also met the Healthy People 2010 objective of 7.6% pre-term births.

**Low birth weight:** 6% of all LAC NFP clients had a baby with low birth weight as compared to 8% of babies from the Denver Trials. The LAC NFP low birth weight rate is only slightly higher than the 5% target set by Healthy People 2010.

**Initiation of Breastfeeding:** 77% of all LAC NFP clients initiated breastfeeding, as compared to 75% of clients from the Denver Trials and the 75% target set by Healthy People 2010.

**Continued Breastfeeding at 6 months:** 31% of all LAC NFP clients continued breastfeeding at 6 months after delivery, as compared to 15% of clients from the Denver Trials.

**Continued Breastfeeding at 12 months:** 22% of all LAC NFP clients continued breastfeeding at 12 months after delivery, as compared to 7% of clients from the Denver Trials. The LAC NFP rate is only slightly higher than the 25% target set by Healthy People 2010.

In addition to achieving the stated outcomes, subsequent research on this home visitation model has determined that program costs, which are relatively high compared to most home visiting programs due to the exclusive use of nurse home visitors, are fully recovered by the time the child is four years old. The cost-effectiveness studies have considered a full spectrum of possible expenses to society, such as emergency medical bills, subsequent pregnancy costs, protective services involvement, criminal justice and incarceration and social welfare money that are avoided by this intervention program.

funding source/site of delivery. Demographic data collected includes the client's name, address (including zip code) and their Los Angeles County Service Planning Area (SPA) designation. The SRL will be used to track the zip codes of residents served by the NFP Project.

### **Timeline for Evaluation**

A mid-year evaluation to review progress to date and analyze whether we are on target to meet our goals at CHMD will be done, and a comprehensive evaluation will be done at the end of each grant year and submitted to the UniHealth Foundation.

### **Measurable NFP Objectives**

The DHS evaluation team will monitor the Project's goals and objectives by using the Results-Based Accountability (RBA) Model developed by Mark Friedman of the Fiscal Policy Studies Institute. To implement the RBA Model, DHS' evaluation has developed a logic model explaining how the inputs effect outputs, identified performance measures, collected baseline data, graphed past trends and future projections; and tracks, graphs and analyzes performance measure data by selected demographic characteristics. (See Attachment A: Nurse-Family Partnership Logic Model and Performance Measures.)

Measurable outcomes will include good health (i.e., percentage of normal weight births, full-term births, etc.), economic well being (i.e., mothers' length of time receiving welfare), education and workforce readiness (i.e., minor mothers enrolled in school or GED program).

### **Evaluation Indicators and Benchmarks for Success**

Many of the NFP indicators (i.e., outcomes) used to evaluation the program progress have been established by the proprietor of the program. The University of Colorado has also participated in setting many of the indicators, as have many of the initial pilot sites. When data is available, the CHMC NFP program outcomes will be compared to those of similar populations within SPAs 4 & 6, or if that benchmark data is not available, to similar populations within Los Angeles County. If data is not available for the SPA or County, then the national NFP or Healthy People 2010 benchmarks will be used. The following indicators or "benchmarks" for success that are currently available and being used are as follows:

- Increase percentage of normal birth weight births ( $\geq$  than 2500 grams or 5.5. lbs). (NFP average for programs nationwide is 91%; for all births to low-income women receiving Medi-Cal in L.A. County the average is 93.8%.)
- Increase percentage of full-term births ( $\geq$  37 weeks gestation). (NFP national average is 90%; L.A. averages 89.3% for all births in L.A. County.)
- Decrease percentage of women who smoke during pregnancy. (Average for L.A. county is 7.3%)
- Decrease percentage of women who drink alcohol during pregnancy. (18.8% of women in the National Pregnancy & Health Survey in 1992 self-reported drinking alcohol during pregnancy.)
- Decrease the average number of months women receive cash assistance through CalWORKs by helping them or their household family members

and a \$2000 training fee, one week of N-CAST training on site in Los Angeles given by a consultant, and two additional trainings by the University of Colorado on Infancy and Toddler protocols. This training ensures that all home visitors follow the strict program protocols that have been proven successful. At this time, there is a pool of bi-lingual/bicultural trained NFP nurses that will be considered for re-assignment to CHMC to work in this project. The obstacle will be filling behind their positions in other areas of the County.

### Collaborative Agencies Involved

As mentioned earlier, along with the collaborative work of the DHS NFP program, the University of Colorado will be assisting with the evaluation processes for the CHMC site as part of their current contract to assist in the collection and analyzing of NFP data and comparison to the national benchmarks. In addition, the Home Visiting Network will provide a means to refer those clients who do not meet the intake requirements of the NFP. This cross-referral network is slowly gaining momentum within the County, and hopefully will be facilitated by continued funding through the First-5 L.A. Commission.

In addition, NFP is working with several agencies at the moment to collaborate on the First-5 L.A. Initiatives currently being released, and to apply for other grants as they become available. The collaborative agencies with which the NFP is currently collaborating include the following:

- Los Angeles County Office of Education (Applying for an Eisner Grant)
- Center for the Improvement of Child Caring, Studio City. (Dr. Kerby Alvy)
- Los Angeles County Department of Children and Family Services

### Key Activities, Objectives, Indicators, and Timeline

See Attachment B for the requested chart of the NFP Key Activities, Objectives, Indicators and the timeline for completion.

## **STAFFING**

### Key Staff & Roles

The DHS NFP home visitor nursing staff planned to be used at this site have all received the necessary training in the NFP model of home visitation. In addition, they have completed all the other necessary certifications (i.e., N-CAST) and training (e.g., resource identification and access; recognizing and reporting child abuse; stress reduction techniques; time management, etc.). All attempts will be made to maintain the same nurse home visitor who has operated from the CHMC site for the last year, and other trained nurses operating at different Los Angeles sites will be reassigned to CHMC. The administrative and evaluation structure of the NFP will be provided in-kind by DHS to support this grant.

The staff model of the CHMC NFP Project entails a cadre of four full time equivalent (FTE) nurses, a 0.5 FTE nursing supervisor and a FTE Intermediate Typist Clerk (clerical) to assist with data input and site coordination with the main headquarters office. A Research Analyst III will be dedicated at 20% FTE to prepare new data entry forms unique to the CHMC project, prepare reports, analyze data and conduct quality assurance meetings with all direct-care staff. A 0.2 FTE Program Administrator, 0.2 FTE Nurse Manager and 0.2 FTE secretarial support will be supplied in-kind by DHS. These individuals are tentatively scheduled to be:

home visits and interventions as dictated by the NFP Program protocols. In addition, they will conduct outreach, public awareness and recruitment activities, make first contact and enroll new families, provide a comprehensive assessment of the client and family needs, and develop family/client care plans. They will also provide in-home interventions, assist clients with accessing community resources and participate in weekly staff case conferences with CHMC staff as available.

Public Health Nursing (PHN) Supervisor (0.5 FTE) will also be specially trained in the application of the Nurse-Family Partnership model protocols to first-time pregnant young mothers, and she will supervise, advise, monitor and support the four PHNs who will be working with CHMC. In addition, the PHN Supervisor will consult with the PHNs on an individual basis, make joint home visits as needed, lead weekly staff case conferences, review nurses charting, care plans and written correspondence, and oversee staff orientation and inservice training. Only 50% of the PHN Supervisor salary will be covered by the UniHealth Grant, and the remaining 50% of her time will be covered by other grants/funding streams to supervise an additional four NFP nurses at another site.

Intermediate Typist Clerk (1) is experienced in the application of the Nurse-Family Partnership Model protocols to first-time pregnant young mothers, and will apply 100% of her time to this grant by supporting data entry at the CHMC site. Duties will include copying materials needed for patient education, assisting the PHNs with data entry and maintaining supplies and client materials on site for the clients served. This person will also be the conduit between the DHS headquarters office and the CHMC staff for the dissemination of supplies and information.

Research Analyst III (.2 FTE) is experienced in the application of the Nurse-Family Partnership Model protocols to first-time pregnant young mothers, and will apply approximately 20% of her time to this grant by overseeing all the NFP evaluation processes at CHMC. This person will also develop the data collection tools and benchmark data needed to supply this grant with the specific information that will be unique to this site and not previously collected by the Program. This person will also prepare the intermittent evaluation reports that compare the outcomes achieved by the CHMC NFP Program with the national norm established by the University of Colorado in Denver, and conduct the quality assurance sessions with staff.

#### **B. Supported In-Kind by the DHS**

Nurse Manager (1) will be specially trained in the application of the Nurse-Family Partnership Model protocols to first-time pregnant young mothers, and will be responsible for the supervision, monitoring and support for the PHN Supervisor. DHS will provide approximately 20% of the Nurse Manager's time as in-kind support for this grant, and the remaining 80% of her time will be covered by other grants/funding streams to supervise an additional 4 supervisory staff.

Program Administrator (1) will be provided as in-kind support by DHS to oversee all administrative activities related to program functioning, and will ensure that all implementation, intervention and evaluation procedures are conducted with fidelity to the model protocols. In addition, the Program Administrator will continue the quest for sustainable funding for the entire program, and specifically the CHMC NFP site. This person will also oversee the supervision of all administrative staff, approve the

- Nurse Training Fees are included to cover the costs associated to train one new nurse in NFP model protocols should there be staff attrition. Should there be no staff attrition or need to train additional nurses, this money will be applied for training materials on parenting to be used on site at the Hope Street Family Center.
- Nurse Training Materials costs are related to the costs associated to supply one new nurse with the necessary NFP model training materials. Should there be no staff attrition or need to train additional nurses, this money will be applied for training materials on parenting to be used on site at the Hope Street Family Center.
- Indirect Costs are a set percentage (i.e., 15.6603%) established by the University of Colorado as part of their contract, and is applied to all programs nationwide.
- Travel indicates the estimated amount to send one nurse to the University of Colorado to receive the mandatory one week training in the NFP model protocols should the need arise. Should there be no staff attrition or need to train additional nurses, this money will be applied for training materials on parenting to be used on site at the Hope Street Family Center.

## 2. CHMC Administration Expense.

The CHMC Administration expense includes costs associated with serving as the project fiscal agent and coordination of the project. These costs are for accounting, allocation of audit costs, and other indirect costs incurred for grant administration. CHMC currently has a Federal Negotiated Indirect Cost Rate of 19.7% and is waiving this cost except for this CHMC Administration Cost line item. CHMC will provide the following items and expenses as in-kind contribution for the Nurse-Family Partnership project: This in-kind contribution amounts to \$39,500, and includes:

Space – 300 sq. ft. of office space at \$1.75 per square foot. (\$6,300)  
Office Furniture – 4 desks at \$200 each. (\$800)  
Office Equipment – fax/copier, large copier use, laser printer. (\$4,000)  
Phone Service – 3 phones, phone lines, maintenance. (\$500)  
Information Technology – 1 computer, internet access, TA. (\$3,000)  
Security, Maintenance, Utilities – (\$1,500)  
Ancillary Services – Hope Street services, CHMC social workers, etc., \$75 per hour, 312 hours annually. (\$23,400).

## 3. Other Costs include costs incurred by the nurse home visitor staff in performance of mandated NFP procedures, and include:

- Mileage set at a County standard of \$0.33 per mile driven in performance of NFP job duties.
- Cellular Phones for each nurse and nurse supervisor to take with them during field services. The nurse home visitors cell phone number is given to each of their assigned clients to facilitate rapid communication processes.

needs and issues. In addition, on-going funding support is being sought from the State Department of Justice who initially funded the pilot project nationwide.

**Attachments**

- A. Nurse-Family Partnership Logic Model and Performance Measures
- B. Nurse-Family Partnership Activity/Evaluation Plan
- C. Budget
- D. List of Board of Directors and associated information.
- E. Audited Financial Statements
- F. Hospitals: Copy of Community Benefit Plan
- G. Copy of IRS Letter regarding Tax Exempt Status
- H. Diskette of Proposal

CALIFORNIA HOSPITAL & MEDICAL CENTER  
AND THE  
LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES  
NURSE FAMILY PARTNERSHIP PROGRAM

EXHIBIT 5.1

ONE-YEAR BUDGET

Date of Board approval - November 30, 2004

Items	# of items	% of FTE	Mths.	Salary	Total	MCH Match	UniHealth Total Charge	DHS in-kind
<b>PERSONNEL SERVICES</b>								
<b>A. Core Personnel:</b>								
Public Health Nurse	4	100%	12	5,333	255,999	104,640	151,359	
Public Health Nursing Supervisor	1	50%	12	5,785	34,710	11,905	22,804	
Intermediate Typist Clerk	1	100%	12	2,556	30,667	9,814	20,854	
Subtotal - Core Personnel	6				321,376	126,358	195,017	
<b>B. Evaluation Unit Personnel:</b>								
Research Analyst III	1	20%	12	4,314	10,354	3,313	7,041	
Subtotal - Evaluation Unit Personnel	1				10,354	3,313	7,041	
<b>Total Salaries</b>					331,730	129,672	202,058	
Employee Benefits (bud @ 32.3851% on total net salaries)				32.3851%	107,431	41,710	65,721	
Bilingual Bonus	3		12	100	3,600	1,472	2,129	
Nursing Retention Bonus	4.5		12	110	5,940	2,428	3,512	
<b>TOTAL (UniHealth Dedicated) PERSONNEL</b>					448,701	175,281	273,420	
<b>OPERATING EXPENSES</b>								
<b>1. Training Expenses</b>								
<b>A. Subcontractor - University of Colorado Health Science Center</b>								
IT (Evaluation & QA) support (20% of \$6000 annual fee)					1,200	361	839	
Nurse Training Fees (# replacement nurses x \$3000)	# new nurses		1		3,000	903	2,097	
Nurse Training Materials (# replacement nurses x \$325)					325	98	227	
Subtotal					4,525	1,362	3,163	
Indirect Costs (Estab. by U.of Colorado)				15.6603%	709	213	495	
Contract total -					5,234	1,575	3,658	
<b>B. Travel (# of nurses x 4000) mandated training in Denver</b>					4,000	1,553	2,447	
Subtotal - Training/Travel Expenses					9,234	3,128	6,105	
<b>2. CHMC Administration Expense</b>					2,000	0	2,000	
<b>3. Other Costs</b>								
Mileage					1,881	730	1,151	
Cellular Phones (Usage charges for Field Staff only)	# of phones		5		5,400	1,625	3,775	
Program Supplies (Includes patient incentives)					3,500	1,054	2,447	
Office Supplies					999	301	698	
Computers/Printers Equipment (Maintenance only)					1,000	301	699	
Health Supplies					1,000	301	699	
Subtotal - Other Costs					13,780	4,312	9,468	
<b>INDIRECT COSTS (10% on total net salaries)</b>				10.0000%	33,173	12,967	20,206	
<b>UNIHEALTH GRANT REQUEST</b>					506,888	195,689	311,199	0
<b>IN-KIND CONTRIBUTION BY DHS</b>								
Nurse Manager or Program Specialist	1	20%	12	6,168	14,804	4,737		10,066
Program Administrator	1	20%	12	7,262	17,477	5,593		11,884
Senior Secretary III (Secretary III)	1	20%	12	3,941	9,459	3,027		6,432
Staff Assistant I (currently ITC)	1	20%	12	3,289	7,894	2,526		5,368
Data Systems Analyst II	1	20%	12	4,554	10,930	3,497		7,432
Subtotal: DHS In-Kind Personnel Contribution					60,563	19,380	0	41,183
DHS Mandated Indirect Costs (Unmet & for In-Kind) @ 29.8720%				29.872%	107,257	40,621	0	66,636
DHS Subtotal In-Kind Contribution					167,821	60,001	0	107,819
<b>TOTAL PROGRAM COSTS</b>					674,708	255,690	311,199	107,819

CALIFORNIA HOSPITAL & MEDICAL CENTER  
AND THE  
LOS ANGELES COUNTY - DEPARTMENT OF HEALTH SERVICES  
NURSE FAMILY PARTNERSHIP PROGRAM

ONE-YEAR BUDGET

December 1, 2005 - November 30, 2006

Items	# of Items	% of FTE	Mths.	Salary	Total	MCH Match	UniHealth Total Charge	DHS In-kind
<b>PERSONNEL SERVICES</b>								
<b>A. Core Personnel:</b>								
Public Health Nurse	4	100%	12	5,333	255,999	104,640	151,359	
Public Health Nursing Supervisor	1	50%	12	5,785	34,710	11,905	22,804	
Intermediate Typist Clerk	1	100%	12	2,556	30,667	9,814	20,854	
Subtotal - Core Personnel	6				321,376	126,358	195,017	
<b>B. Evaluation Unit Personnel:</b>								
Research Analyst III	1	20%	12	4,314	10,354	3,313	7,041	
Subtotal - Evaluation Unit Personnel	1				10,354	3,313	7,041	
Total Salaries					331,730	129,672	202,058	
Employee Benefits (bud @ 32.3851% on total net salaries)				32.3851%	107,431	41,710	65,721	
Bilingual Bonus	3		12	100	3,600	1,472	2,128	
Nursing Retention Bonus	4.5		12	110	5,940	2,428	3,512	
<b>TOTAL (UniHealth Dedicated) PERSONNEL</b>					448,701	175,281	273,420	
<b>OPERATING EXPENSES</b>								
<b>1. Training Expenses</b>								
<b>A. Subcontractor - University of Colorado Health Science Center</b>								
IT (Evaluation & QA) support (20% of \$6000 annual fee)					1,200	361	839	
Nurse Training Fees (# replacement nurses x \$3000)	# new nurses		1		3,000	903	2,097	
Nurse Training Materials (# replacement nurses x \$325)					325	98	227	
Subtotal					4,525	1,362	3,163	
Indirect Costs (Estab. by U.of Colorado)				15.6603%	709	213	495	
Contract total -					5,234	1,575	3,658	
<b>B. Travel (# of nurses x 4000) mandated training in Denver</b>					4,000	1,553	2,447	
Subtotal - Training/Travel Expenses					9,234	3,128	6,105	
<b>2. CHMC Administration Expense</b>					2,000	0	2,000	
<b>3. Other Costs</b>								
Mileage					1,881	730	1,151	
Cellular Phones (Usage charges for Field Staff only)	# of phones		5		5,400	1,625	3,775	
Program Supplies (Includes patient incentives)					3,500	1,054	2,447	
Office Supplies					999	301	698	
Computers/Printers Equipment (Maintenance only)					1,000	301	699	
Health Supplies					1,000	301	699	
Subtotal - Other Costs					13,780	4,312	9,468	
INDIRECT COSTS (10% on total net salaries)				10.0000%	33,173	12,967	20,206	
<b>UNIHEALTH GRANT REQUEST</b>					506,888	195,689	311,199	0
<b>IN-KIND CONTRIBUTION BY DHS</b>								
Nurse Manager or Program Specialist	1	20%	12	6,168	14,804	4,737		10,066
Program Administrator	1	20%	12	7,282	17,477	5,593		11,884
Senior Secretary III (Secretary III)	1	20%	12	3,941	9,459	3,027		6,432
Staff Assistant I (currently ITC)	1	20%	12	3,289	7,894	2,526		5,368
Data Systems Analyst II	1	20%	12	4,554	10,930	3,497		7,432
Subtotal: DHS In-Kind Personnel Contribution					60,563	19,380	0	41,183
DHS Mandated Indirect Costs (Unmet & for In-Kind) @ 29.8720%				29.872%	107,257	40,621	0	66,636
DHS Subtotal In-Kind Contribution					167,821	60,001	0	107,819
<b>TOTAL PROGRAM COSTS</b>					674,708	255,690	311,199	107,819